

Fig. 1

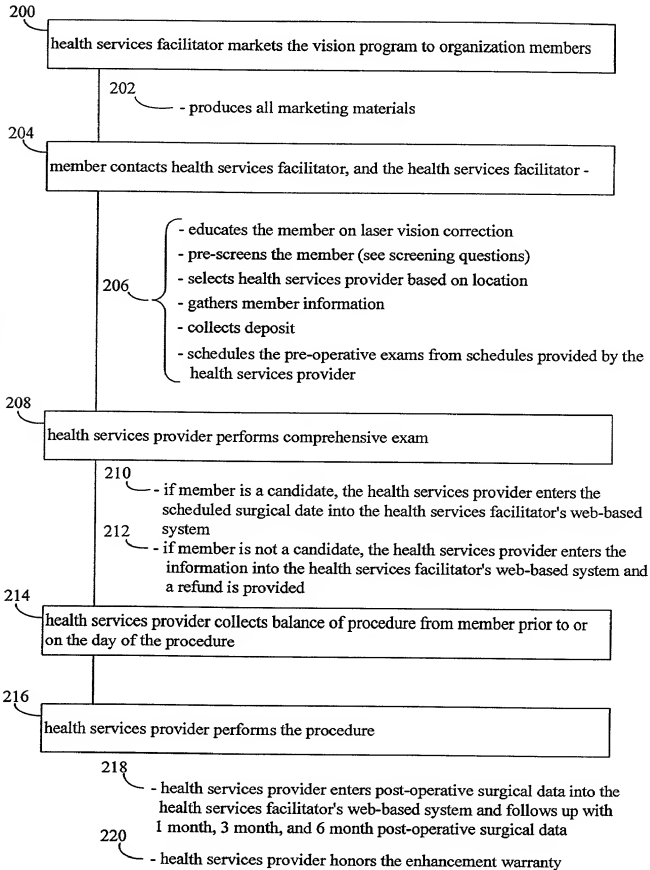
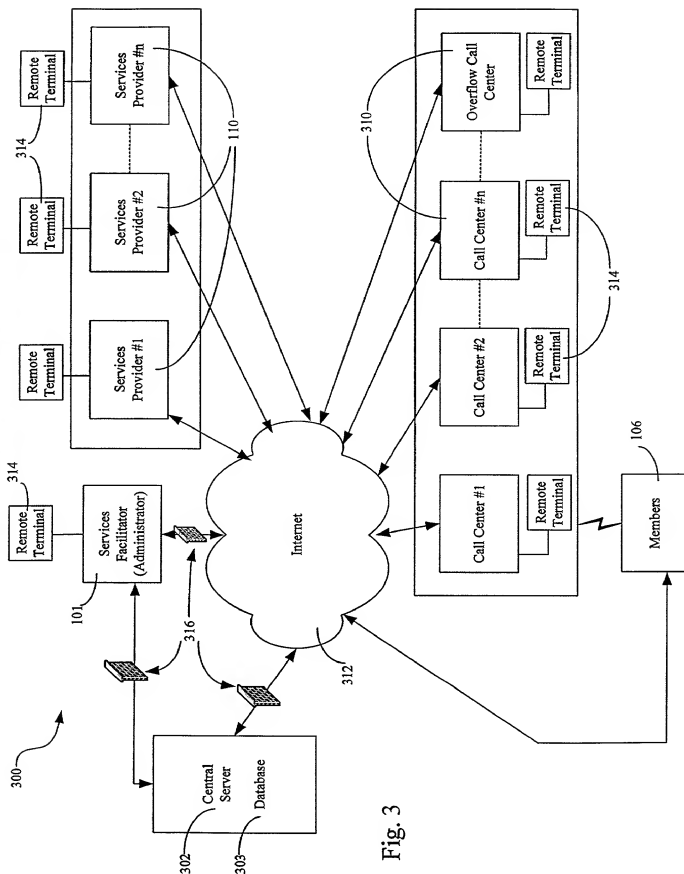


Fig. 2



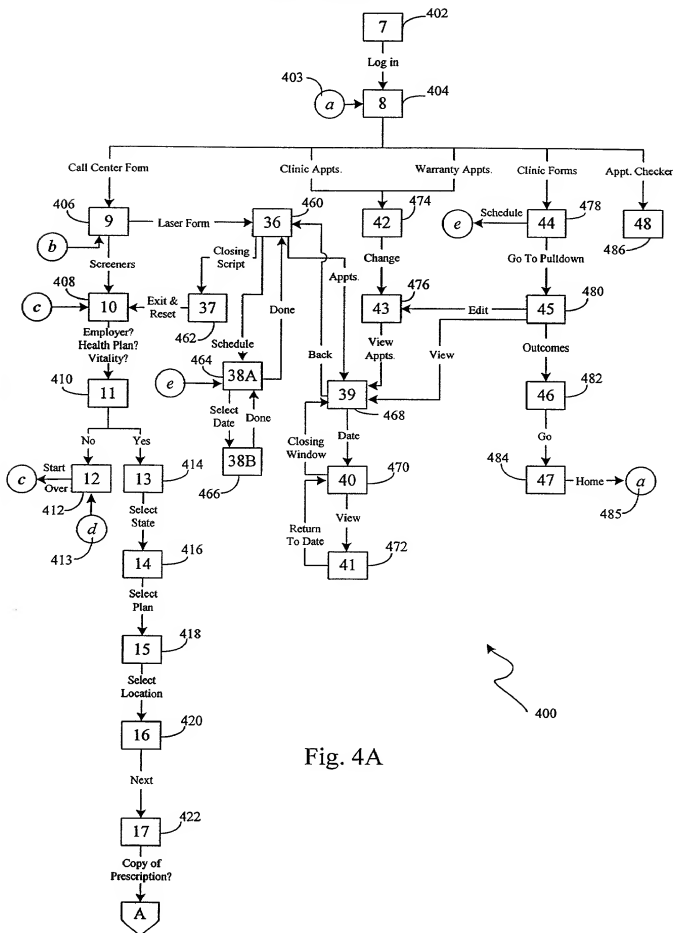


Fig. 4A

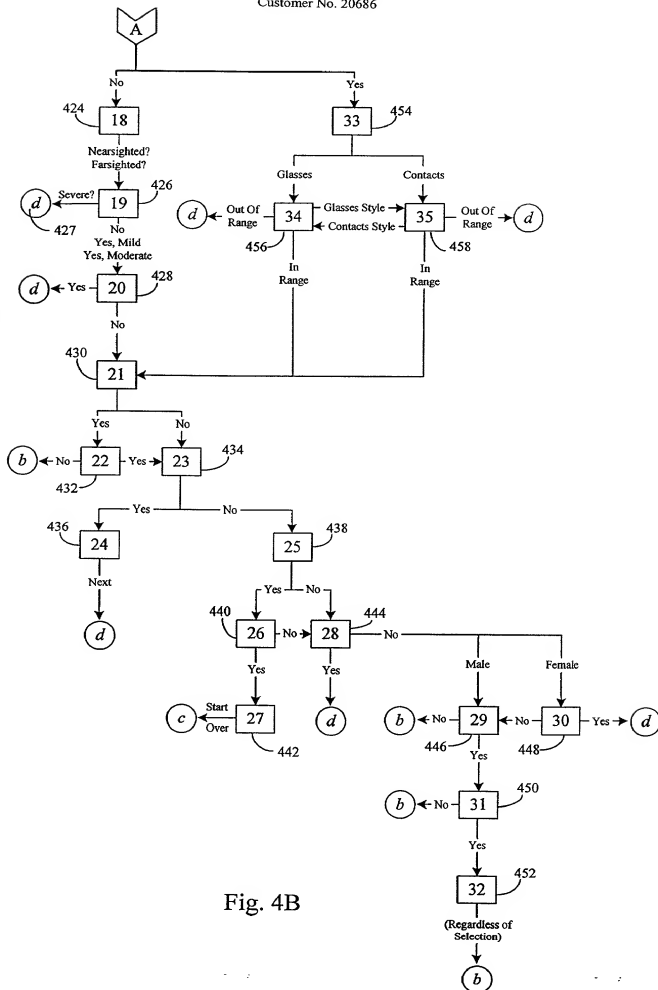


Fig. 4B

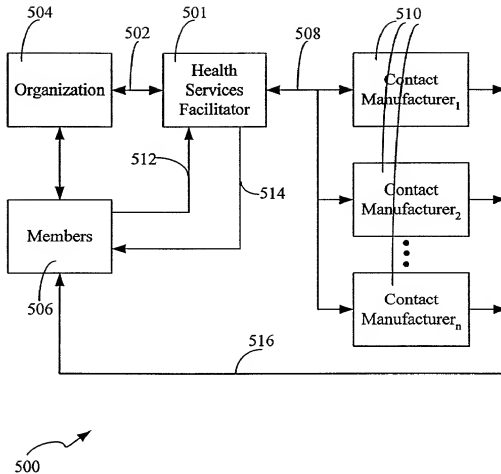


Fig. 5

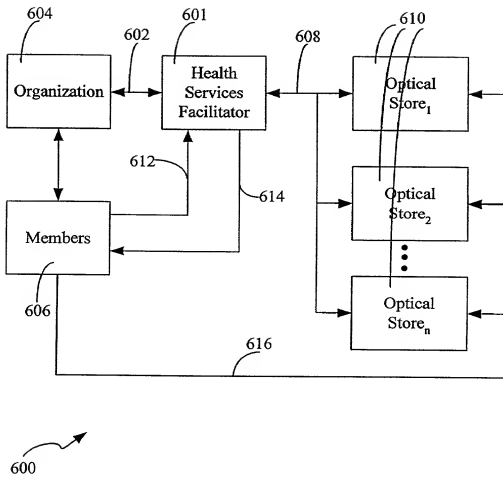


Fig. 6

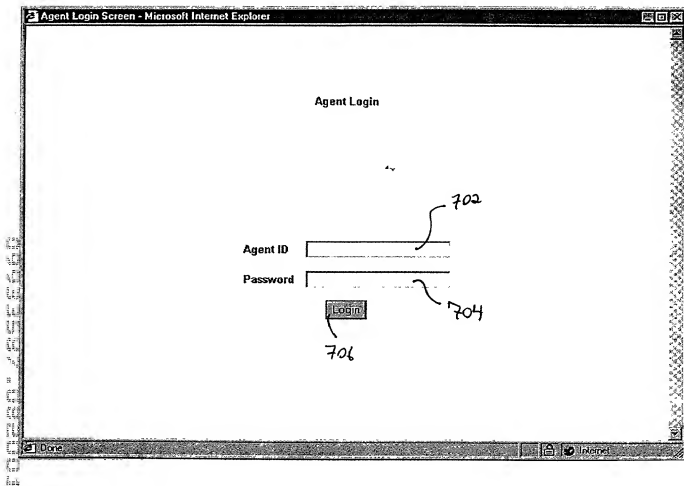


FIG. 7

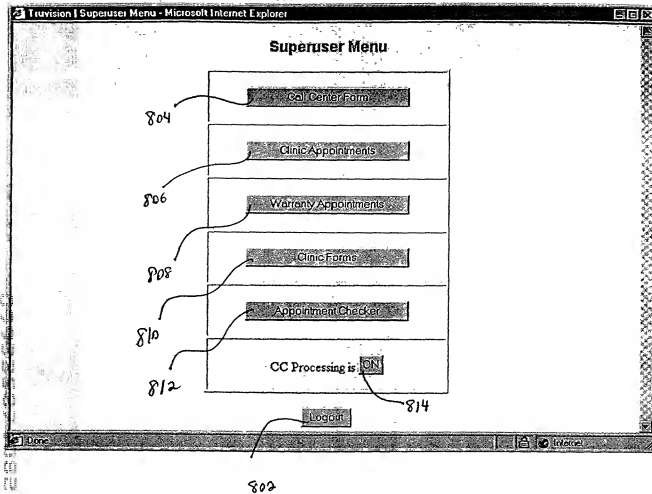


FIG. 8

TruVision | Member Form - Microsoft Internet Explorer

Insured Member Form

SSN 333-33-3333 Laser Provider Test Entered By Becky Chase

First Ursilla Mid 0 Last Smith Birth Date 01/02/1974

Home Address 6975 Union City Midvale State AZ Zip 94123

Home Phone (800) 744-7688 Work Phone

Email usmith@earthlink.com Source Open Enrollment Active Date 09/08/2000

Save Cancel Delete Laser Form Screeners Logout

908 910 916 912 914 902 904 906

Done Internet

FIG. 9

Read the following - Microsoft Internet Explorer

Read the following:

Good morning (afternoon) this is Robert, how may I help you?

How did you hear about our program?

Select One - [v]
Select One - [v]
Employer
HealthPlan
Vitality

Leave Screeners Next>>

1002 1006 1004

Done

FIG. 10

Read the following - Microsoft Internet Explorer

Read the following: 1106

Are you between the ages of 21-65?

YES ☐ 1108
NO ☐
YES ☐

<< Previous 1102
Leave Screeners 1110
Next >> 1104

Internet

FIG. 11

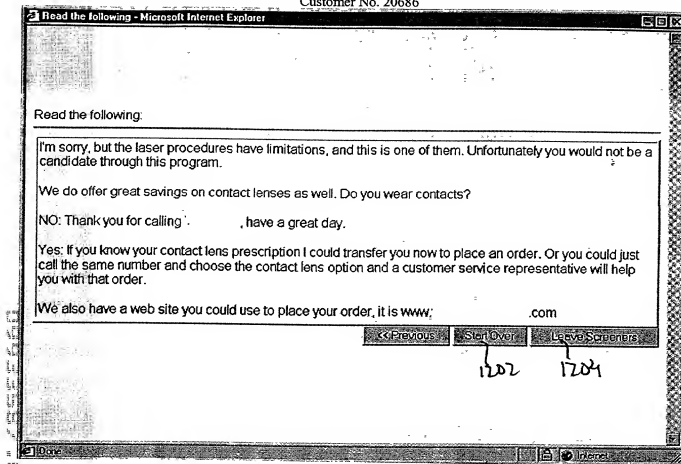
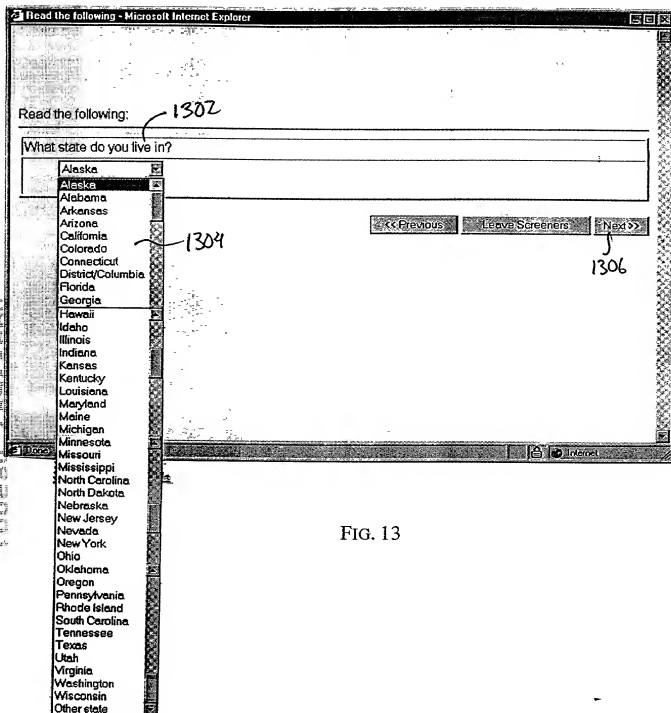


FIG. 12



Read the following - Microsoft Internet Explorer

Read the following: 1402

Which health plan are you with?

☐ A2 United Health Care
☐ A2 United Health Care
☐ CA Blue Cross
☐ CA Health Net of California
☐ CA UNION (Union Members)
☐ Clearly - Alaska
☐ Clearly - BC Northern Plain
☐ Clearly - BlueChip
☐ Clearly - Capital Blue Cross
☐ Clearly - Caring Foundation
☐ Clearly - Gateway
☐ Clearly - HealthGuard
☐ Clearly - Highmark BCBS
☐ Clearly - Highmark, Inc.
☐ Clearly - Independence BC
☐ Clearly - Keystone HP Central
☐ Clearly - Keystone HP East
☐ Clearly - Keystone HP West
☐ Clearly - OptiChoice
☐ Clearly - OptiChoice Gold
☐ Clearly - Pennsylvania BS
☐ Clearly - Pennvision
☐ Clearly - Pennvision Special
☐ Clearly - Security BS
☐ Clearly - SecurityBlue
☐ Clearly - VueFlex
☐ Clearly Vision
☐ Employers Health Insurance Co.
☐ Employers Wisconsin Insurance
☐ Health Value Management, Inc.
☐ Humana
☐ ID Blue Shield
☐ Marketpoint Agency, Inc.
☐ Memorial Sisters of Charity
☐ Memorial Sisters of Charity HMO
☐ NCAS Nat. Claims Admin. Serv.
☐ OK BCBS BlueLincs
☐ OK BCBS Member Service Admin.
☐ OK BCBS PPO
☐ OK Blue Cross Blue Shield
☐ OK GHS
☐ OR Providence
☐ PacificCare
☐ Preferred Vision Care
☐ RI BCBS
☐ Rush Prudential
☐ SCBCBS (PA) Planned Administ
☐ SCBCBS Companion Healthcare
☐ SCBCBS Companion Life
☐ SCBCBS Federal Employees
☐ SCBCBS HMO Blue
☐ SCBCBS State Employees
☐ SC Blue Cross Blue Shield
☐ The Dental Concern, Inc.
☐ The Dental Concern, Ltd.
☐ TriVision Referral
☐ UNICARE
☐ Union Priority
☐ UT Allus
☐ UT BCBS
☐ UT BCBS Federal
☐ UT Employers
☐ UT PEHP
☐ UT Rocky Mountain HMO
☐ UT TriVision
☐ UT UHC
☐ Vision Select
☐ Vitasity

LOWING:
e list of eligible plans with the program. If you would like to
your health plan's customer service department and express your
to you.

1404 1406

FIG. 14

Read the following - Microsoft Internet Explorer

Read the following: ¹⁵⁰⁷

Through AZ United Health Care ,	we offer laser eye services in:
(Specified Price Type = HP)	
<input type="radio"/> Laser Vision Institute in Colorado Springs, CO at \$675/\$200 deposit. (HP)	
<input type="radio"/> Laser Vision Institute in Denver, CO at \$675/\$200 deposit. (HP)	

¹⁵⁰⁴

¹⁵⁰⁶

"If a neighboring state would be more convenient for the patient, click "previous" until you can select another state. If the state is not listed, there is no center available in that state."

0ms Internet

FIG. 15

Read the following - Microsoft Internet Explorer

Read the following:

Now let me tell you a little bit about the Laser Center.

CO-LASER VISION INSTITUTE 'LVII' - Denver

"Because of your Health Plan, can offer GREAT SAVINGS on laser vision correction.

Price Per Eye & Deposit Amounts

Vitality Members: \$775.00 / \$400.00

All Other Health Plan Members: \$875.00 / \$200.00

- The price is per eye, and it includes a comprehensive eye exam, the laser procedure, and all pertinent follow-up visits.
(If the caller asks you can tell them follow-up visits are normally set at 1 day, 1 week, 1 month and 3 month)

- This deposit is required to schedule your pre-operative exam, which reserves your exam date. This deposit is fully refundable if you decide not to have the procedure or if you are found not to be a candidate. The refund is processed 30 days from the date of cancellation. Otherwise, your deposit is applied to the price of the procedure.

(The \$450 price per eye is a promotional offer, and only applies to persons with a prescription of -2.00 or lower with no astigmatism. This will be determined at the initial exam.)

We have excellent surgeons and the doctor in your area is Dr. Paul E. Cutarelli.

Dr. Paul E. Cutarelli is abreast of all the latest developments in eye surgery and has remained involved with ophthalmology resident teaching and medical student teaching since 1995. He has done research in various areas of ophthalmology and has published numerous articles involving Laser treatments. He is the recipient of numerous research awards and has written various book chapters involving the Excimer as well as the Nidek Laser. Dr. Cutarelli has completed over 10,000 LASIK procedures.

The name of the laser center is the.....

Laser Vision Institute

7900 East Union Ave., Suite 100, Tower III

Denver, CO 80237

Web Address: www.laservisioninstitute.com

- (If the caller asks you can tell them that at this location they use an FDA approved Nidek EC 6000 Laser.)
(If they ask further questions, tell them the Nidek corrects for Nearsightedness and Astigmatism.)

- If you'd like to schedule a comprehensive exam I'll need to ask you some basic medical screening questions which will help determine if you are a possible candidate for the procedure.

- Yes, click on "Next"

- No,

Thank you for calling

at www.laservisioninstitute.com

Goodbye.

- If you have further questions please visit our website
or you can call me back at XXX-XXX-XXXX Ext. XXXX.

FIG. 16

1606 1604

Read the following - Microsoft Internet Explorer

Read the following:

1702

Do you have a copy of your most current prescription?

1703

Yes
No

1704

<< Previous Leave Screeners Next >>

1708

Done Home

FIG. 17

Read the following: 1852

1804 Do you know if you are nearsighted or farsighted?

1806 Nearsighted
Farsighted—limited locations check your clinic list

Questions to ask to determine whether patient is nearsighted or farsighted if they are unsure: 1808

*Do you wear a correction to help you see objects clearly at a distance?
YES—patient is nearsighted

*Do you wear a correction to help you see small print or small objects up close more clearly?
YES—patient is farsighted

*If you removed your eyeglasses or contact lenses, would you be able to see across the room clearly?
YES—patient is farsighted
NO—patient is nearsighted

FIG. 18

Read the following: 1901

Do you have any astigmatism?

1906 ☐ No
☐ Yes, Mild
☐ Yes, Moderate
☐ Severe 1908

1904

<< Previous Leave Screeners Next >>

What is astigmatism? Astigmatism is when the corneal surface is irregular. It is more football shaped than basketball shaped. Typically if you have any astigmatism your doctor will have explained this to you during an exam.

FIG. 19

Read the following - Microsoft Internet Explorer

Read the following:

Has your lens prescription changed significantly in the past year?

Yes
No

2002
2004
2008

Previous Leave Screeners Next

Done

FIG. 20

Read the following - Microsoft Internet Explorer

Read the following:

2102

Do you wear glasses for reading and close work only?

2106 { Yes, I only wear glasses for reading and close work only
2104 { No, I wear my glasses for more than reading and close work

2108

<< Previous Leave Screeners Next >>

Done Internet

FIG. 21

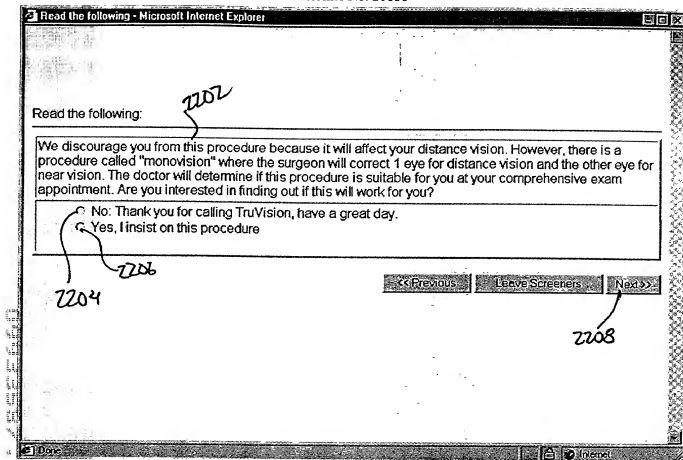


FIG. 22

Read the following - Microsoft Internet Explorer

Read the following: *Z302*

Are you aware of any medical conditions related to your eyes such as glaucoma, cataracts, keratoconus, RK (radial keratotomy) or amblyopia (lazy eye)?

Z304 Yes
Z306 No

Z308

<< Previous Leave Screeners Next >>

Done Internet

FIG. 23

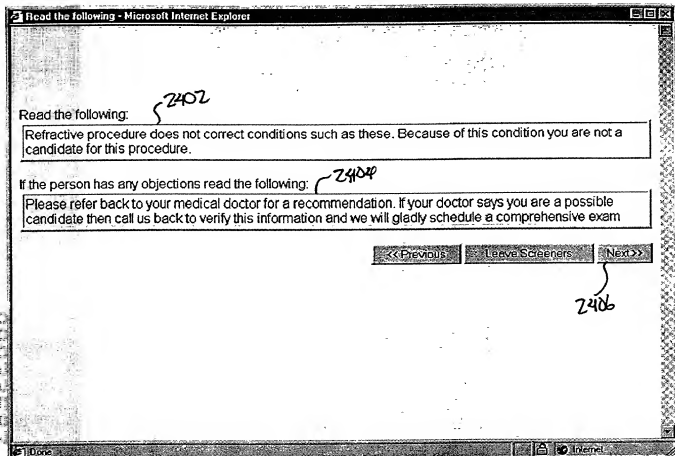


FIG. 24

Read the following - Microsoft Internet Explorer

Read the following: 2502

Do you have diabetes?

2504 Yes
2506 No

2508

<< Previous Leave Screeners Next >>

Done Internet

FIG. 25

Read the following - Microsoft Internet Explorer

Read the following: 2602

Do you take medication to control your diabetes?

2604 Yes
2606 No

2603

<< Previous Leave Screeners Next >>

Done Internet

FIG. 26

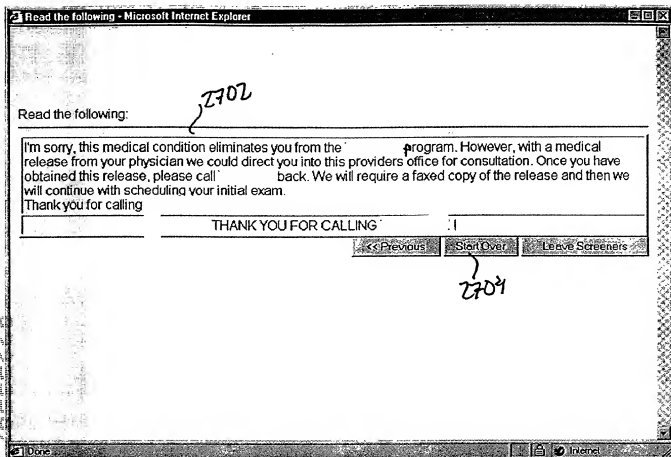


FIG. 27

Read the following - Microsoft Internet Explorer

Read the following: ²⁸⁰²

Do you suffer from or take medication for an auto-immune disease or rheumatological conditions?

Examples: Lupus, Rheumatoid arthritis, Chronic fatigue syndrome

²⁸⁰⁴ ²⁸⁰⁶ ²⁸¹⁰

☐ Yes, I have one of those conditions

☐ No, I don't have any of those conditions

(IF NOT SURE, ASK) Are you male or female?

²⁸¹² ²⁸¹⁴ ²⁸¹⁸

☐ Male

☐ Female

<< Previous Leave Screeners Next >>

FIG. 28

Read the following - Microsoft Internet Explorer

Read the following:

2902

It looks like you could be an excellent candidate based on your answers to our screening questions. We have had an overwhelming response to this program. We are scheduling on a first come first served basis. To secure your time slot now, we would need to collect some information and a fully refundable deposit using any major credit card. This will allow us to actually schedule your comprehensive exam. Are you ready to schedule now?

2904 ☐ Yes
2906 ☒ No

2908

<< Previous Leave Screeners Next >>

Done Internet

FIG. 29

Read the following - Microsoft Internet Explorer

Read the following:

Are you pregnant, nursing, or expecting to become pregnant?

☐ Yes, I am (or am planning on being) pregnant

☐ No, I am not pregnant

<< Previous Leave Screeners Next >>

Done Internet

Handwritten annotations: 3007 points to "Read the following:"; 3006 points to the "No, I am not pregnant" option; 3008 points to the "Next" button.

FIG. 30

Read the following - Microsoft Internet Explorer

Read the following: 3102

Do you wear contact lenses, or have you worn contact lenses during the past 3 months?

3104 Yes
No 3108

3106

<< Previous Leave Screeners Next >>

Done Internet

FIG. 31

Read the following - Microsoft Internet Explorer

Read the following:

3207

Different types of contacts must be left out for varying periods of time prior to the comprehensive exam.
What type of lenses do you wear?

Type of contact	Period of time
Soft	2 weeks
Extended Wear Soft	4 weeks (Patient sleeps in)
Soft Toric	4 weeks
Hard Toric	6 weeks
Rigid Gas Permeable	4 weeks
Rigid Gas Permeable	6 weeks if worn 20+ years
Rigid Gas Permeable	8 weeks if worn 30+ years
True Hard (PMMA)	8 weeks

3206

REMEMBER! Schedule appointment according to this information.

<< Previous Leave Screeners Next >>

Done Internet

FIG. 32

Read the following - Microsoft Internet Explorer

Read the following: 3302

Is that prescription for contacts or for glasses?

3304 This prescription is for glasses
3306 This prescription is for contacts 3308

<< Previous Leave Screeners Next >>

Done Internet

FIG. 33

Read the following - Microsoft Internet Explorer

Read the following: ³⁴⁰²

Can you read me your prescription?

	Sphere	Cylinder	Axis
Right Eye	OD <input type="text"/>	<input type="text"/> x	<input type="text"/>
Left Eye	OS <input type="text"/>	<input type="text"/> x	<input type="text"/>
Bifocal Power	<input type="text"/>		

Add (Also may be "NV") ³⁴⁰⁴

Range: Sphere
(+5.00 to -12.00)
(+) = indicates farsighted person
(-) = indicates nearsighted person

Range: Cylinder
(+4.00 to -4.00)

Range: Axis
(1-180)

(DO NOT READ) Click here if contact prescription is in 'contacts' style ³⁴⁰⁸

Get a Range ³⁴⁰⁶ << Previous Leave Screen Next >>

FIG. 34

Read the following - Microsoft Internet Explorer

Read the following: 3902

Can you read me your prescription?

	Sphere	Cylinder	Axis
Right Eye	OD <input type="text"/>	<input type="text"/> x	<input type="text"/>
Left Eye	OS <input type="text"/>	<input type="text"/> x	<input type="text"/>

3504 3504

Sphere
Range: (+5.00 to -12.00)
(+) = indicates farsighted person
(-) = indicates nearsighted person

Cylinder
Range: (+4.00 to -4.00)

Axis
Range: (1-180)

3908

(DO NOT READ) Click here if contact prescription is in 'glasses' style

Out of Range 3506

<<Previous Leave Screeners Next>>

Done Internet

FIG. 35

Call Center Laser Form

ID	1002991	Laser Provider	Test	Entered By	Becky Chase
First	Ursula	Mid	Q	Last	Smith
Birth Date	01/02/1974				
Home Address	6975 Union				
City	Midvale				
State	AZ				
Zip	94123				
Home Phone	(609) 744-7688				
Work Phone					
Work Ext					
Email	usmith@earthlink.com				
Source	Open Enrollment				
Active Date	09/08/2000				

Entered By	Becky Chase	Laser Center
AK - OurTown - TEST CLINIC \$749/\$200 HP		
Plan Type	UT Truvision	<input type="checkbox"/> Follow up
Followup Date		
Best Call Time		
Date Paid	CC AuthCode	4456
CC Transaction ID	44875654	
Card Approved	<input type="checkbox"/>	
Current Comprehensive	Tuesday, August 14th, 2001 - 9:45 am	
Scheduled	<input type="checkbox"/>	
Paid in full	<input type="checkbox"/>	
One Eye Only	<input type="checkbox"/>	
Transfer To	Contact Status	
Refund Amt		
Refund Date		
Refund Auth #		
Refund Refund XID		
Laser Notes		

Save	Cancel	Go Back	Print	Home	Logout
------	--------	---------	-------	------	--------

FIG. 36

Confirmation Screen

Read the following: 3702

Now to confirm your appointment, it is Saturday, August 11th, 2001 at 8:00 am

The clinic is located at:
123 S. Main St
OurTown, AK

This pre-operative exam will take about 1-1 1/2 hours. Your eyes will be dilated so you will need a driver and if you have sunglasses, you may want to bring them as well. Arrive a few minutes early to fill out any paperwork necessary and have your insurance card with you to verify your eligibility for the special prices.

Any information about the laser or surgical procedures can be answered by the clinic at your pre-operative exam. Thank you for calling and good luck.

Extend Resst.

3704

Done Cancel

FIG. 37

Truvision | Comprehensive Scheduler - Microsoft Internet Explorer

Comprehensive Scheduler

NOTICE

You have to arrive 30 min. early
we need to discuss separate as days) 21

Schedule comprehensive appointment at TEST CLINIC
Phone: 888-777-6666

Sun, September 2nd, 2001
Fri, September 14th, 2001

Convert Comprehensive [Friday, September 14th, 2001 8:30 am] [Drop]

3802

3806

3810

Done

Internet Explorer 5.0.2600.2538

3:22 AM

FIG. 38A

3 Truvision | Comprehensive Scheduler - Microsoft Internet Explorer

Comprehensive Scheduler

Appointment changed.

NOTICE

You have to arrive 30 min. early.

We need to discuss separate ex. days!! 21

Schedule comprehensive appointment at TEST CLINIC
Phone: 938-777-6666

Sun., September 2nd, 2001
Fri., September 14th, 2001

8:00 AM
8:15 AM
8:45 AM
9:00 AM
9:15 AM
9:30 AM
9:45 AM
10:00 AM
10:15 AM
10:30 AM
10:45 AM
11:00 AM
11:15 AM
11:30 AM
11:45 AM

38004

3806

3808

Current Comprehensive: Friday, September 14th, 2001 - 6:30 am [Drop]

Date

Start 6:23:20 AM Info: 6/11/2001 https:// Telnet: E:\Program... 3:20 AM

FIG. 38B

TEST CLINIC Laser Center Appointment Book

Click on a particular day to view that day's appointments

Photo: [REDACTED]

Tuesday, August 14, 2001

Saturday, September 1, 2001

<< Back

3904

3902

Done

Internet

FIG. 39

Print

Appointment Schedule

Tuesday, August 14, 2001

Appointment Time	Patient Name	Patient Phone	Patient Info
9:45 AM	Ursilla Smith	(809) 744-7688	View
9:45 AM	-----	-----	-----
9:45 AM	-----	-----	-----
9:45 AM	-----	-----	-----
10:45 AM	-----	-----	-----
10:45 AM	-----	-----	-----
10:45 AM	-----	-----	-----
10:45 AM	-----	-----	-----
11:45 AM	-----	-----	-----
11:45 AM	-----	-----	-----
11:45 AM	-----	-----	-----
11:45 AM	-----	-----	-----

View individual patient info for this day

FIG. 40

Title: Methods and Apparatus for
Facilitating the Provision of Services
Inventors: Lindsay Atwood
Atty. Docket No. 10000.02
Customer No. 20686

MemberID	1002991	Laser Provider	Test	Entered By	Becky Chase			
First	Ursula	Mid	Q	Last	Smith			
Birth Date		01/02/1974						
Home Address	6875 Union		City	Midvale	State	AZ	Zip	84123
Home Phone	(801) 744-7688		Work Phone			Work Ext		
Email	usmith@earthlink.com		Source	Open Enrollment		Active Date	09/08/2000	

Plan Type	UT Truvision	Deposit	200	Price	749	
Current Comprehensive	Tuesday, August 14th, 2001 - 9:45 am				Paid in full	1
Booked Date	12/14/2000					
Notes						

Print

Return to Dates

4102

FIG. 41

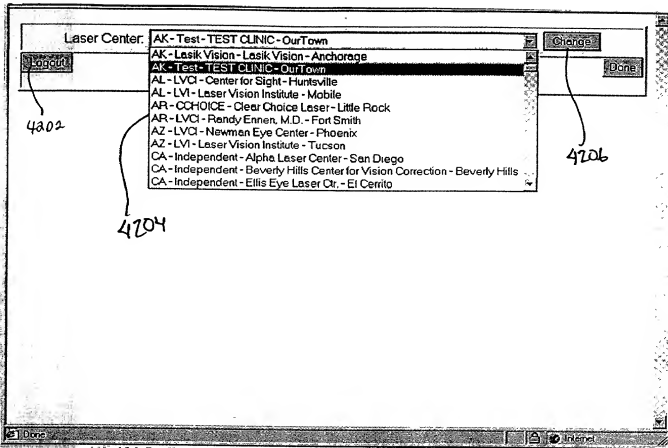


FIG. 42

Added 16 appointments between 8:00 am and 12:00 pm on 09/14/2001

Laser Center: AK-Test-TEST CLINIC-OurTown

Date: 09 / 14 / 2001

Start time: 08 : 00 am

End time: 12 : 00 pm

Generate 1 **entries every** 15 **minutes**

Delete Schedule Entries

- Friday, September 14th, 2001 - 8:00 AM
- Friday, September 14th, 2001 - 8:15 AM
- Friday, September 14th, 2001 - 8:30 AM
- Friday, September 14th, 2001 - 8:45 AM
- Friday, September 14th, 2001 - 9:00 AM
- Friday, September 14th, 2001 - 9:15 AM
- Friday, September 14th, 2001 - 9:30 AM
- Friday, September 14th, 2001 - 9:45 AM
- Friday, September 14th, 2001 - 10:00 AM
- Friday, September 14th, 2001 - 10:15 AM
- Friday, September 14th, 2001 - 10:30 AM
- Friday, September 14th, 2001 - 10:45 AM
- Friday, September 14th, 2001 - 11:00 AM
- Friday, September 14th, 2001 - 11:15 AM
- Friday, September 14th, 2001 - 11:30 AM
- Friday, September 14th, 2001 - 11:45 AM

-- OR --

Single entry: mm / dd / yyyy hh : mm am

Laser Center Notes:

You have to arrive 30 min. early
we need to discuss separate sx days! r1

FIG. 43

Clinic Laser Form				Section	
ID 1002991	Laser Provider Test	Entered By Becky Chase			
First Ursilla	Mid Q	Last Smith	Birth Date 01/02/1974		
Home Address 6975 Union		City Midvale	State AZ	Zip 84123	
Home Phone (803) 744-7688		Work Phone	Work Ext		
Email usmith@earthlink.com		Source Open Enrollment	Active Date 09/09/2000		
Plan Type UT Truision	Deposit \$200	Price \$749			
Current Comprehensive Tuesday, August 14th, 2001 - 9:45 am	Schedule		Paid in full <input checked="" type="checkbox"/> One Eye Only <input type="checkbox"/>		
Surgery Scheduled Date 08/14/2001	4406		Booked Date 12/14/2000		
Surgery Scheduled Time 2:00 PM			Cancelled Date		
Surgery Performed Date			Reason Cancelled		
Laser Notes					
Save Cancel Print			GO TO 4408		
4402 4404					
Done Print Internet					

FIG. 44

Clinic Laser Form				Search	
ID: 1002991	Laser Provider: Test	Entered By: Becky Chase			
First: Ursilla	Mid: Q	Last: Smith	Birth Date: 01/02/1974		
Home Address: 6975 Union		City: Midvale	State: AZ	Zip: 94123	
Home Phone: (809) 744-7688		Work Phone:	Work Ext:		
Email: usmith@earthlink.com		Source: Open Enrollment	Active Date: 09/08/2000		
Plan Type: UT Truision	Deposit: \$200	Price: \$749		Paid in full: <input type="checkbox"/>	
Current Comprehensive: Tuesday, August 14th, 2001 - 9:45 am	Schedule		One Eye Only: <input type="checkbox"/>		
Surgery Scheduled Date: 08/14/2001	Surgery Scheduled Time: 2:00 PM		Surgery Performed Date:		
Laser Notes:			<div style="border: 1px solid black; padding: 5px;"> <p>4512</p> <p>4506</p> <p>4508</p> <p>4502 4504</p> </div>		
<div style="border: 1px solid black; padding: 5px;"> <p>Save Cancel Print</p> </div>			<div style="border: 1px solid black; padding: 5px;"> <p>GO TO-</p> <p>Home</p> <p>Outcomes</p> <p>Cancel - Comprehensive Exams-</p> <p>Edit</p> <p>ReasonCar</p> <p>View</p> <p>Warranty Exams-</p> <p>Edit</p> <p>View</p> <p>GO TO-</p> </div>		

FIG. 45

OUTCOMES INFORMATION

Patient Name: 4602 Ursilla Smith 1002991 search

Exam History: 4604 New Exam 90 4603

Exam Type: 4605 select

- pre-op/surgery
- post-op 1 Day
- post-op 1 Week
- post-op 1 Month
- post-op 3 Month
- post-op Annual
- enhancement

Done Internet

FIG. 46

OUTCOMES INFORMATION

Patient Name: Ursilla Smith

1002991 SEARCH

Exam History: New Exam 60

Exam Type: post-op 3 Month 4704

Date: 04/26/2001

Examining Doctor Name: Dr. John Smith

OD		OS	
VAsc 20 10	VAsc 20 10	VAsc 20 10	VAsc 20 10
(MR) 50	X	(MR)	X
VD 0 min		VD 0 min	
K-readings (diopters)	X	K-readings (diopters)	X

Steroid Drops

FML

NSAID Drops

Acular

Anti-Biotic Drops

Ciloxan

Rewetting Drops

bion tears

Notes:

Seems to be working

4710 complications

Surgeon Name: Dr. John Smith

OD	OS
Surg Type: Lasik	Surg Type: Lasik
DATE: 12/15/2000 distance	DATE: 12/15/2000 distance
Rx Entered: -3.75/-1.75 X 180	Rx Entered: -3.25/-1.00 X 180
Pachymetry:	Pachymetry:
Laser used: Autonomus LADAR Vis 4706	
Micro Keratome: Moria LSK1	

4702

FIG. 47

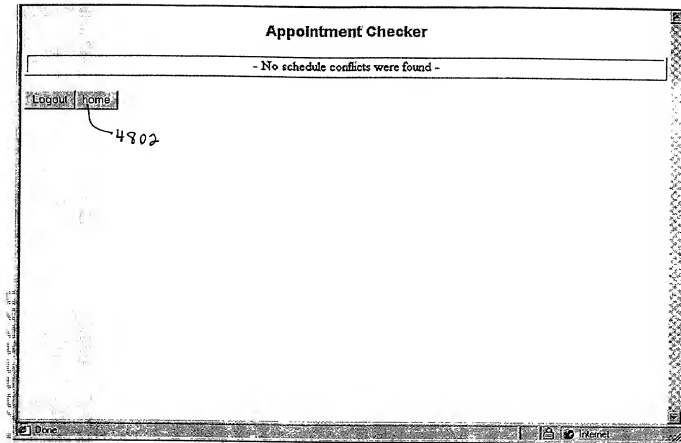


FIG. 48